



Arizona Cancer Registry

**DATA SUBMISSION INVENTORY**

(To be sent with facility data submission/Backup to State)

**FACILITY**

Name & Number

Address

	Number of items/pages
Abstracts	
Abstracts Disks	
Update Disks (Backup/Follow-up)	
Abstract Index (index of current abstracts)	
Critical Changes	
Physician Name & Address Changes (print screens)	
Other (specify)	
Other (specify)	
Other (specify)	

Facility Registrar Signature

Date Sent to ACR

Arizona Cancer Registry Signature

Date Received by ACR